



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	2	0	0	0	0	0	3
Fog/Smoke/Haze	1	0	1	0	2	0	3	1	2	0	0
TOTALS	2	0	1	1	4	0	3	1	2	0	3
TYPE OF CRASH											
Angle	2	0	1	1	4	0	3	1	2	0	3
TOTALS	2	0	1	1	4	0	3	1	2	0	3



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
CLASS OF CITY												
0 TO 2,500	2	0	1	1	4	0	3	1	2	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	
ROAD SURFACE CONDITION												
Dry	2	0	1	1	4	0	3	1	2	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Total	Number of Crashes				Total Vehicles	Total Total		Injury Severity			
		Fatal	Injury	Property Damage	Killed		Injured	A	B	C	O	
CLASS OF TRAFFICWAY												
Unmarked Highway Rural		2	0	1	1	4	0	3	1	2	0	3
TOTALS		2	0	1	1	4	0	3	1	2	0	3
DAY OF WEEK												
Monday		1	0	1	0	2	0	3	1	2	0	0
Friday		1	0	0	1	2	0	0	0	0	0	3
TOTALS		2	0	1	1	4	0	3	1	2	0	3



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
TIME OF DAY												
05 AM	1	0	1	0	2	0	3	1	2	0	0	
5 PM	1	0	0	1	2	0	0	0	0	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
LIGHT CONDITION												
Daylight	2	0	1	1	4	0	3	1	2	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	
ROAD DEFECTS												
No Defects	2	0	1	1	4	0	3	1	2	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
TRAFFIC CONTROL												
Stop Sign/Flasher	2	0	1	1	4	0	3	1	2	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	
ROADWAY FEATURE												
Not Applicable	2	0	1	1	4	0	3	1	2	0	3	
TOTALS	2	0	1	1	4	0	3	1	2	0	3	



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Persons						Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Normal	4	0	2	2	4	0	2	1	1	0	2
TOTALS	4	0	2	2	4	0	2	1	1	0	2



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning		Number Of Persons						Injury Severity				
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
25-29												
	Female	1	0	1	0	1	0	1	0	1	0	0
35-39												
	Female	1	0	0	1	1	0	0	0	0	0	1
40-44												
	Female	1	0	1	0	1	0	1	1	0	0	0
50-54												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		4	0	2	2	4	0	2	1	1	0	2



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

Henning	Number Of Persons							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
PASSENGER AGE/GENDER												
40-44												
	Male	1	0	1	0	1	0	1	0	1	0	0
60-64												
	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		2	0	1	1	2	0	1	0	1	0	1



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Henning | *See Notes at End of Report.

	Number Of Persons				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O

PEDALCYCLIST AGE/GENDER

Henning	Number Of Vehicles				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O

VEHICLE DEFECTS

None	4	0	2	2	4	0	3	1	2	0	3
TOTALS	4	0	2	2	4	0	3	1	2	0	3

VEHICLE TYPE

Passenger	2	0	2	0	2	0	3	1	2	0	0
SUV	1	0	0	1	1	0	0	0	0	0	2
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	1
TOTALS	4	0	2	2	4	0	3	1	2	0	3

Notes

Calendar data selections include data based on the date of the crash. Year selections include data based on the Statistical year in which the crash was processed